

Provider Communication

Subject: Pharmacy: March 1, 2010 Update	Priority: High
Date: February 25, 2010	Message ID: ACSBNR02252010_3

Dear Pharmacy Provider:

System Downtime:

The SXC claims processing system will be unavailable due to planned maintenance on Thursday, March 4th, between 2:30-5:30 a.m. EST. Claims needing to be submitted during these periods should be held until the maintenance is completed. Georgia Medicaid apologizes for any inconvenience this downtime may cause.

Coverage Changes In Duragesic – Effective 04/01/2010

Starting April 1st, 2010, brand name Duragesic Patches will no longer be preferred for Georgia Medicaid fee-for-service (FFS) members. Instead, the generic Fentanyl Patches will become preferred agents for Georgia Medicaid FFS members. Prior authorization (PA) requests should be directed to the SXC Clinical Call Center at 1-866-525-5827.

Rescission Of Medicare Enrollment Requirement

Effective December 1, 2009, the Georgia Medicaid Fee-for-Service Outpatient Pharmacy Program will no longer require outpatient pharmacies seeking Medicaid enrollment to provide a Medicare DMEPOS provider number. Enrollment into Outpatient Pharmacy Services no longer requires proof of Medicare DMEPOS provider enrollment.

Labeler Information:

The participating status of the labeler listed below will be effective as indicated for the Medicaid Fee-For-Service Drug Rebate Program:

New Labeler		
Labeler Code	Labeler Name	Effective Date
50222	Leo Pharma Inc.	07/01/2010

Corporate Offices of Chain Pharmacies: Please share this information with appropriate staff and provide it to each store in your chain that serves Georgia Medicaid fee-for-service members.



Pharmacy Prior Authorization Denial Letters Error

The Georgia Department of Community Health would like to notify prescribers of an SXC system error that occurred which appeared in certain Prior Authorization Denial Letters between the dates of 1/28/10 and 2/3/10. The affected letters, which were faxed or mailed to prescribers, displayed multiple denial reasons that may not have been related to the actual reason for denial of the prior authorized drug. Revised denial letters with the appropriate denial reason(s) were resent via fax between 02/16/10 and 02/20/10. The SXC Clinical Call Center apologizes for any confusion this may have caused and can be reached at 1-866-525-5827 should there be further questions related to the denial or questions regarding the status of a prior authorized drug.

Georgia Medicaid Fiscal Agent Transition Scheduled for July 1, 2010

Effective July 1, 2010, HP Enterprise Services (formerly EDS) will replace Affiliated Computer Services (ACS) as the fiscal agent for the Georgia Medicaid and PeachCare for Kids™ Programs. The Georgia Department of Community Health (DCH) will communicate information on the transition to HP by banner messages posted to the GHP Web Portal (www.ghp.georgia.gov), e-mail, the U.S. Postal Service and other means. Please be sure to read these updates as you receive them. The updates will contain important information about the transition to HP and the new system being built for DCH. This information will include what actions providers may need to take to ensure their Medicaid provider files contain accurate data in the new system. Important training information and milestones on the new system will also be provided.

SXC will continue as the Pharmacy Benefits Administrator.

For now, please continue to use the existing system and fiscal agent as you routinely do. Also note: ACS or HP are not the appropriate sources to contact if you have questions at this time about the transition. DCH will advise providers in the future about what actions are required and the easiest way to complete them. DCH is committed to a smooth transition for providers and members.

Please share all of this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. We thank you for your continued service and participation in the Georgia Medicaid & PeachCare for Kids Programs.

Division of Medical Assistance
Pharmacy Services Unit
404-656-4044